

**Department of Police  
Town of Barrington**

**Business Information Sheet**

Date: \_\_\_\_\_

Primary Contact/Owner: \_\_\_\_\_ DOB: \_\_\_\_\_

Street: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Persons to be contacted in case of emergency

Secondary Contact: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

3<sup>rd</sup> Contact: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Alarm System ( ) Yes ( ) No

( ) Burglary	( ) Robbery	( ) Other _____
( ) Perimeter	( ) Contacts	( ) Mats ( ) Other _____
( ) Ultrasonic	( ) Microwave	( ) Passive Infrared
( ) Photoelectric		( ) Other (specify) _____